A.P STATE DOKKA SEETHAMMA MID DAY MEAL

DAYWISE DETAILED VOCHER FOR SERVING MID DAY MEAL PROGRAMME

1.NAME OF THE SCHOOL & Village : NAME OF THE MONTH:

2.School UDISE : **Primary (I TO V)**

3.MANDAL :

4.Name of the MDM Agency : **NO.OF Working Days:**

Sl. No	Date	ROLL			ATTENDANCE			OPTED MDM			No.of Eggs Utilized	No.of Chikkis Utilized	Rate	Expenditure
		B	G	T	B	G	T	B	G	T				
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Total														

Passed for Rupees : In words

Signature of the MDM Agency **Signature of the H.M** **Signature of the M.E.O**

A.P STATE DOKKA SEETHAMMA MID DAY MEAL

DAYWISE DETAILED VOCHER FOR SERVING MID DAY MEAL PROGRAMME

1.NAME OF THE SCHOOL & Village : NAME OF THE MONTH:

2.School UDISE : **Upper Primary :(VI TO VIII)**

3.MANDAL :PADMANABHAM

4.Name of the MDM Agency : **NO.OF Working Days:**

Sl. No	Date	ROLL			ATTENDANCE			OPTED MDM			No.of Eggs Utilized	No.of Chikkis Utilized	Rate	Expenditure
		B	G	T	B	G	T	B	G	T				
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Total														

Passed for Rupees :2570/- In words Twenty Five Thousand Two Hundred and Seventy only

Signature of the MDM Agency **Signature of the H.M** **Signature of the M.E.O**

A.P STATE DOKKA SEETHAMMA MID DAY MEAL

DAYWISE DETAILED VOCHER FOR SERVING MID DAY MEAL PROGRAMME

1.NAME OF THE SCHOOL & Village : NAME OF THE MONTH:

2.School UDISE : **High school :(IX TO X)**

3.MANDAL :PADMANABHAM

4.Name of the MDM Agency : **NO.OF Working Days:**

Sl. No	Date	ROLL			ATTENDANCE			OPTED MDM			No.of Eggs Utilized	No.of Chikkis Utilized	Rate	Expenditure
		B	G	T	B	G	T	B	G	T				
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Total														

Passed for Rupees : In words

Signature of the MDM Agency **Signature of the H.M** **Signature of the M.E.O**

STATEMENT SHOWING THE PARTICULARS OF REQUIREMENT , INDENT, DISTRIBUTION AND UTILIZATION OF RICE DURING THE MONTH OF _____ IN PADMANABHAM MANDAL

Name of the School: **U-DISE CODE:**

Sl.No	Enrollment			Primary						
	Boys	Girls	TOTAL	OB Rice	Requirement of Rice	Recived Rice	Date of Recived	Total Rice (5+7) col	Utilized Rice	Blace (9-10)col
1	2	3	4	5	6	7	8	9	10	11

Sl.No	Enrollment			Upper Primary						
	Boys	Girls	TOTAL	OB Rice	Requirement of Rice	Recived Rice	Date of Recived	Total Rice (5+7) col	Utilized Rice	Blace (9-10)col
1	2	3	4	5	6	7	8	9	10	11

Sl.No	Enrollment			High School						
	Boys	Girls	TOTAL	OB Rice	Requirement of Rice	Recived Rice	Date of Recived	Total Rice (5+7) col	Utilized Rice	Blace (9-10)col
1	2	3	4	5	6	7	8	9	10	11

Sigunature of the Head Master
With Seal

Mid Day Meal Consolidation Voucher
Claim for Cook cum Helpers Honororiur..

Name of the Mandal: MONTH:

Name of the School : YEAR:

Sl. No	Enrolment				Attendace	MDM Opted	Avarage Taken Meal	No.of Cook cum Helpers	Amount
	I to V	VI to VIII	IX TO X	TOTAL					
1									
2									

Sl. No	***Cook cum Helpers***	Name of the SHG Group	Aadhar Number/ PHONE NUMBER	***Signatures***
1				
2				

Passed for Rupees

Signature of the Impliment Agency

1

2

Signature of the Head Mistress with Stap

STATEMENT SHOWING THE PARTICULARS OF REQUIREMENT , INDENT, DISTRIBUTION AND UTILIZATION OF RAGI & MULT DURING THE MONTH OF _____ IN PADMANABHAM MANDAL

Name of the School:

U-DISE CODE:

Primary 1ST TO 5TH CLASS (RAGI & MALT)

Sl. No	Enrollment			OB RAGI	Requirement of RAGI	Recived RAGI	Date of Recived	Total RAGI (5+7) col	Utilized RAGI	Blace (9-10)col	OB MALT	Requirement of MALT	Recived MALT	Date of Recived	Total MALT(5+7) col	Utilized MALT	Blace (16-17col
	Boys	Girls	TOTAL														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

HIGH SCHOOL 6TH TO 10 CLASS(RAGI & MALT

Sl. No	Enrollment			OB RAGI	Requirement of RAGI	Recived RAGI	Date of Recived	Total RAGI (5+7) col	Utilized RAGI	Blace (9-10)col	OB MALT	Requirement of MALT	Recived MALT	Date of Recived	Total MALT(5+7) col	Utilized MALT	Blace (16-17col
	Boys	Girls	TOTAL														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

SIGUNATURE OF THE HEAD MASTER
WITH SEAL

MDM -Details of Egg FROM PADMANABHAM MANDAL

Name of the School

Name of the month

U-DISE CODE

Name of the Class	Total Roll	No.of Students Attended	MDM taken	Students availed Egg	Students not availed Egg	Total working days in the month	OB as on Date	Phase wise Egg indent				Total Indent	Phasewise Eggs received				Total Eggs received	Total Eggs Spoiled	Balance	Remarks if any
								1st phase	2nd phase	3rd phase	4th phase		1st phase	2nd phase	3rd phase	4th phase				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
I - V																				
VI - VIII																				
IX - X																				
TOTAL																				

seal

Signature of the Head Master

MDM -Details of CHAKKI FROM PADMANABHAM MANDAL

Name of the School: U-DISE CODE:.....

SL NO	ENROLLMENT	Ob as on DATE	1st Spell (.....						2nd Spell (.....					Balance
			Chikkis Required	Chikkis supplied	Quantity of Chikkis in KGs	Date of supply	Utilized	Balance	Chikkis Required	Chikkis supplied	Quantity of Chikkis in KGs	Date of supply	Utilized	
1	Pry(I to V)													
2	UP(VI to VIII)													
3	HS(IX&X)													
Total														

seal

Sigunature of the Head Master